

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2018 thru 6/30/2021.

Employer: Lakewood Board of Education

County: Ocean

Date: 11/6/2018

Name: Robert S. Finger  
Print Name

Title: Interim Business Administrator/Board Secretary

  
Signature

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer: Lakewood Board of Education County: Ocean

2 Employee Organization: Lakewood Education Association Number of Employees in Unit: 782

3 Base Year Contract Term: 2015-2018 New Contract Term: 2018-2021

**SECTION II: Type of Contract Settlement (please check only one)**

- 4 ☒ Contract settled without neutral assistance
- 5 ☐ Contract settled with assistance of mediator
- 6 ☐ Contract settled with assistance of fact-finder
- 7 ☐ Contract settled with assistance of super-conciliator
- 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes ☐ No ☐

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 36,996,766

10 Longevity Costs in Base Year \$ 0

11 Total Salary Base \$ 36,996,766

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>7/1/2018</u>	<u>7/1/2019</u>	<u>7/1/2020</u>		
13 Cost of Salary Increments (\$)	<u>1,183,897</u>	<u>1,336,323</u>	<u>1,481,887</u>		
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>1,183,897</u>	<u>1,336,323</u>	<u>1,481,887</u>		
17 New Salary Base (\$)	<u>38,180,663</u>	<u>39,516,986</u>	<u>40,998,873</u>		
18 Percentage increase over prior year	<u>3.20</u> %	<u>3.50</u> %	<u>3.75</u> %		

*\*If contract duration is longer than five years, please add an additional page.*

#### SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):	0	0	0	0		

*\*If contract duration is longer than five years, please add an additional page.*

## SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 13,202,347	\$ 13,862,464
22	Prescription Plan Cost	\$ 3,320,985	\$ 3,487,034
23	Dental Plan Cost	\$ 990,342	\$ 1,138,893
24	Vision Plan Cost	\$ 99,374	\$ 99,374
25	Total Cost of Insurance	\$ 17,613,048	\$ 18,587,765
26	Employee Insurance Contributions	\$ 2,036,950	\$ 2,144,398
27	Employee Contributions as % of Total Insurance Cost	11.57 %	11.54 %

Employer: Lakewood Board of Education

Employee Organization: Lakewood Education Association

Page 3

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.

Teachers hired after July 1, 2019 shall have the SEHBP Direct 15 as their base plan until they obtain tenure.

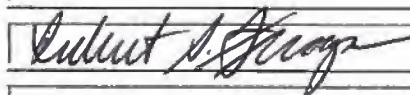
**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Robert S. Finger

Position/Title: Interim Business Administrator/Board Secretary

Signature:



Date: 11/6/2018

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016